

TREATMENT OF DIPHTHERIA BY COPAIBA IN LARGE DOSES.

BY DR. TALBERT.

A pupil of Bretonneau and Trousseau, I gave from, 1860 to 1868, calomel, I cauterized, I opened the trachea in diphtheria, and I lost two-thirds of my cases. From 1866 to 1872 I gave copaiba and cubebs according to Trideau's formula. I lost half my cases. Many children refused to take these medicines, or did not retain them. In 1873 I tried the saccharate of cubebs of Delpech. The children took it well, but with no better result. In 1873 a very severe epidemic in rural district. An old German physician treated by bleeding and blistering. He lost his first ten cases. I came next, I used saccharate of cubebs in large doses; the children were merely temporarily benefited. In short, I lost my first ten cases. My eleventh took in large doses, and bore it well, the following:

Copaiba	80 grammes.
Essence Peppermint ..	30 drops.
Gum	20 grammes.

Mix and add—

Syrup	400 grammes.
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Beat up rapidly and add—

Water	50 grammes.
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My patient had intense urticaria. From this moment, as if by enchantment, the hoarse cough, aphonia, and false membranes disappeared. The twenty-two patients seen after this eleventh have followed the same treatment, and been cured. Sceptics may say the epidemic was on the decline. But since 1873 up to this day I have pursued the same treatment. I have been called to over 300 cases of severe diphtheria, even very severe, several having been given up by confreres. I affirm that I have cured by copaiba, in large doses, all cases of diphtheria that have not reached the third stage, that of anæsthesia.—*Journal de Médecine de Paris.*

R. Z.

FETID PERSPIRATION OF THE FEET.—M. Vieusse, of the Hospital d'Oran, concludes that fetid sweating of the feet can be cured by friction with powdered subnitrate of bismuth—no bad effects follow the suppression of perspiration. Sometimes the perspiration returns, but without fetor, and the soreness and pain are cured.—*Bulletin General de Therapeutique.*

A SIMPLE EXPEDIENT IN THE MANAGEMENT OF STRANGULATED HERNIA.

Dr. S. H. Hurd, of Long Branch, N. J., writes to the *Medical Record*:

“Under the above caption, Dr. C. A. Stewart, of Chicago, calls attention in *The Record* to a simple expedient he has resorted to successfully in five cases of strangulated hernia after taxis had failed. It consisted in dilatation of the constriction which produces the strangulation at the abdominal ring, by passing the finger along the inguinal canal, carrying the integument before it, until the constricting ring is felt. The finger is then gently insinuated into the opening, and, if the band of opposing fibres does not yield readily, gentle pressure is made against the upper border of the ring until it is felt to give way, when a resort to taxis again will ordinarily result successfully. Last year, I called the attention of the members of our County Society to this plan, and its happy results in several cases.”—*Medical and Surgical Reporter.*

ON BURIED SUTURES, WITH REMARKS ON THE IMPORTANCE OF SUTURING SEPARATELY, PERIOSTEUM TO PERIOSTEUM, MUSCLE TO MUSCLE, DEEP FASCIA TO DEEP FASCIA, AND SKIN TO SKIN, AFTER DEEP INCISIONS OF ALL KINDS.

BY C. B. KEETLEY, F.R.S.C.,

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Buried sutures, or “sunk sutures,” as they have been also called, are such as are completely covered by the skin, and do not involve that structure at all. In the form of sutures uniting the fragments of fractured bones, especially the olecranon and patella, they have long been employed, and also as sutures to unite divided nerves and tendons, as well as wounded veins, intestines, and other hollow structures. But all the above mentioned forms of buried suture differ essentially in their objects from those to which I wish to call attention. The former have each a narrow and very limited, though, perhaps, extremely important aim. For instance,